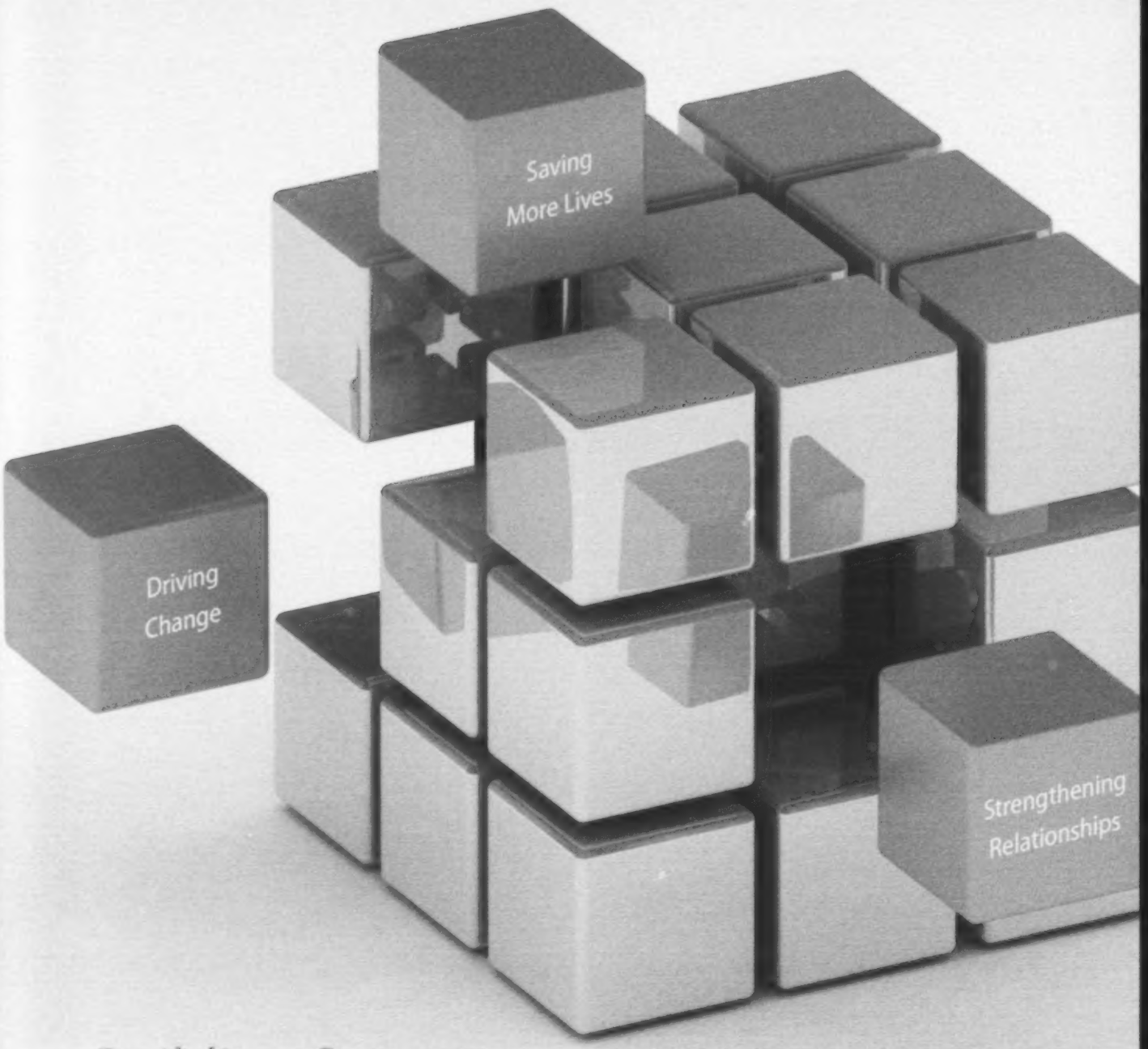
Gift of Life

Trillium Gift of Life Network **Annual Report 2012/13**



Building Success

Ontario
Trillium Gift of Life Network

Mission

Saving and enhancing more lives through the gift of organ and tissue donation and transplantation in Ontario.

Vision

To be a world-class leader that enhances and saves lives through organ and tissue donation for transplantation.

Values

We are an effective, innovative leader in organ and tissue donation and transplantation, working in an environment of honesty, trust, respect, compassion and cooperation.

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Message from the Chair of the Board and the President and CEO

Trillium Gift of Life Network (TGLN) had a spectacular, life-saving year in 2012/13. We exceeded expectations and broke records in saving and enhancing lives through organ and tissue donation and transplantation. TGLN's significant achievements were made possible through the work of our dedicated staff and the commitment of our partners and stakeholders.

At the same time, we cannot be oblivious to the many on the waiting list, who are waiting much too long, and some of whom will die waiting. This is intolerable and we will continue to work diligently so that all those who are in need of a transplant actually receive one. Anything less is unacceptable.

Three-Year Strategic Plan, 2012-2015: TGLN's Guiding Light

In 2012, TGLN's Board approved a three-year strategic plan to support efforts to plan, promote, coordinate and support organ and tissue donation and transplantation across Ontario. Three key strategic priorities will focus our work as an organization over the next three years (see sidebar).

Priority 1: **Develop a sustainable end-to-end transplant system and continually improve the dimensions of quality, safety, effectiveness, access, and patient-centred and integrated care — all to enable better patient outcomes.** In Year 1, focus on the reporting of transplant volumes, transplant opportunity acceptances and declines, and provincial wait-time information to transplant hospitals, local health integration networks (LHINs) and the Ministry of Health and Long-Term Care (MOHLTC). In Year 2, begin reporting patient outcomes by site to transplant hospitals, LHINs and MOHLTC. In the final year, focus on the public reporting of performance improvement plans by all transplant hospitals, ensuring they are aligned with Ontario's *Excellent Care for All Act, 2010.*

Priority 2: **Significantly increase the donation performance of Greater Toronto Area (GTA) hospitals.** In Year 1, increase the conversion rate of Tier 1 hospitals to 64 percent (by March 31, 2015), an increase of 30 percent. In Year 2, increase deceased organ donor numbers from GTA hospitals to 128 (by March 31, 2015), an increase of 32 percent. In the plan's final year, increase tissue donor numbers to 1,250 (by March 31, 2015), an increase of 100 percent.

Priority 3: **Significantly increase the number of registered donors in the inner Greater Toronto Area (GTA).** Work to reach 1,000,000 registered donors in the inner GTA by March 31, 2015, an increase of 89 percent. This will bring the donor registration rate in this priority region to the March 31, 2012, provincial average of 21 percent (versus 13 percent).

Implementing Transplant-Related Recommendations from the *2010 Auditor General's Report on Organ and Tissue Transplantation* and the Transplant Action Team

TGLN partnered with Ontario transplant hospitals in 2012/13 to implement the key recommendations from the *2010 Auditor General's Report on Organ and Tissue Transplantation* and the Expert Panel reports. We developed standard organ-specific guidelines for patient referral, listing and donor exclusion practices; migrated organ allocation practices from regional models to a provincial system; and developed provincial organ-sharing systems for liver and kidney.

TGLN and partners also met three other goals: a new provincial waitlist for liver allocation, a new provincial organ-sharing system for kidneys and the continued development of performance indicators and evaluation metrics.

Setting New Records and Practice Standards for Organ Donation

TGLN exceeded its targets for organ donation, achieving a donor conversion rate of 63 percent, a 3.54 organ yield per donor and an all-time record of 247 deceased organ donors in 2012/13.

TGLN's work to strengthen physician support commenced with a physician survey that culminated in the creation of the on-call donation specialist physician role to support organ donation cases in real time.

TGLN's Donation Steering Committee (DSC) continued to address system-level issues affecting the donation performance gap. In support of this work, the DSC developed a provincial Organ and Tissue Donation Policy; a Neurological Determination of Death (NDD) Policy; NDD Guidelines and Form; and an adult and pediatric order set, and endorsed the Critical Incident Process.

Increasing the Number of Tissue Donors, Including Multi-Tissue Donors

TGLN met its target of 1,350–1,650 tissue donors in 2012/13, with 1,636 tissue donors. We also exceeded our target of multi-tissue donors, with 172 donors, and our target consent rate of 35 percent, reaching 38 percent.

> *"I am always amazed at how people — even in their saddest moments — think of others. Whether it's honouring a loved one's choice to donate their organs, or thinking of the recipients themselves, I am forever awed at how people move beyond their own devastation to care about others."*
>
> ORGAN AND TISSUE DONATION COORDINATOR

To increase tissue donation and improve efficiency, TGLN expanded hospital-wide reporting of deaths to 10 additional hospitals and implemented changes in age-specific requirements for tissue donation.

Increasing the Number of Registered Donors

Several highly focused strategic initiatives and outreach activities contributed to this year's increase in registered donors.

TGLN enhanced its partnership with ServiceOntario to maximize donor registrations. The agency expanded its donor registration ask to include Ontarians renewing their driver's licence or applying for an Ontario photo ID card.

The Gift of 8 Movement, an enhancement to BeADonor.ca, profiled donor registration rates across 179 communities in Ontario and created new opportunities to drive online donor registrations through media outreach and advocacy. As well, 650 personal campaigns and 169 organizational campaigns were created by advocates, promoting donor registration among their family, friends and communities. Almost 40 workplace registration drives garnered close to 10,000 visits to the online donor registry.

We had a big following on Facebook this year, increasing our support from 5,000 followers in January 2013 to just under 29,000 by the end of March. As well, our Twitter feed, @TrilliumGift, now has more than 1,400 followers, including key members of the media and influential stakeholders.

Our youth outreach program, in partnership with the Toronto Transplant Institute, delivered 75 presentations to 34 high schools in the GTA, reaching close to 6,000 students. *One Life...Many Gifts*, TGLN's secondary school curriculum, was updated and brought in line with current in-class curricula, specifically focusing on civics and religious studies.

In 2012/13, the volunteer services program created six new regional groups, adding over 80 new advocates. TGLN also hosted a volunteer summit that was attended by 100 core volunteers. Going forward, this event will serve as an important tool to empower and strengthen TGLN's volunteer base.

One of the highlights of 2012/13, and a significant contributor to registration results, media attention and attitude change, was the creative outreach of double-lung transplant recipient Hélène Campbell. Hélène became the first recipient of the TGLN Champion Award, in recognition of her extraordinary impact on organ and tissue donation and transplantation in Ontario.

Creating a Quality Management System to Support Continuous Quality Improvement

TGLN developed and implemented a new quality policy in 2012/13. The policy is a formal, documented definition of how donation and transplant services in the province of Ontario will be assessed.

Launch of New Information Systems

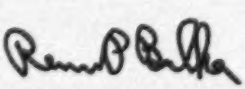
TGLN successfully implemented a new donor management system (DMS), iTransplant, in 2012/13. This web-based application provides seamless, real-time, online donor case management across the province.

On June 26, 2012, Canadian Blood Services (CBS), in collaboration with TGLN and all provinces/territories, launched the National Organ Waitlist (NOW), a secure, online, non-renal waitlist for high-status patients. The implementation of NOW marks TGLN's first bi-directional data exchange.

Thank You

This year — as every year — our success was made possible by the dedication of our Board members and staff, the collaboration of our partners and stakeholders and the hard work of our many volunteers. We are also grateful for the support of MOHLTC, for the skill and commitment of the critical care and transplant physicians and, most importantly, for the generosity of donor families. It is through their hard work, dedication and vision that we are able to save and enhance lives in Ontario, every day. We continue to work together as a single, integrated system to provide Ontarians with the most accessible and safest system for organ and tissue transplantation.

Ronnie Gavsie
President and CEO



Rabbi Dr. Reuven P. Bulka
Chair, Board of Directors

TGLN 2012/13 BUSINESS PLAN AT A GLANCE

Mission

Saving and enhancing more lives through the gift of organ and tissue donation and transplantation in Ontario.

Goals

Support transplantation through effective oversight and collaboration with stakeholders.	Maximize organ and tissue donation for transplantation in partnership with stakeholders.	Inspire and motivate Ontarians to register their consent to donate organs and tissue.	Deliver high-quality and efficient services and operations.	Position TGLN as a workplace of choice.

Objectives

Lead implementation of transplant-related recommendations from the *2010 Auditor General's Report on Organ and Tissue Transplantation* and the Transplant Action Team.	Achieve a 59 percent TGLN conversion rate for organ donation at Tier 1 hospitals, 225–245 donors and a 3.44 organ yield per donor.	Achieve a 35 percent consent rate, 1,350–1,650 tissue donors and 160–175 multi-tissue donations.	Achieve 250,000–350,000 additional donor registrations in the MOHLTC database.	Develop and implement a quality management system that supports enhancements and utilization of staff, stakeholders and technology in continuous quality improvement and meeting quality standards.	Improve staff engagement.

OBJECTIVE 1

Lead implementation of transplant-related recommendations from the *2010 Auditor General's Report on Organ and Tissue Transplantation* and the Transplant Action Team

Overview

This year, TGLN partnered with Ontario transplant hospitals to implement the key recommendations from the *2010 Auditor General's Report on Organ and Tissue Transplantation* and the Expert Panel reports, which called for an integrated organ and tissue donation and transplantation system in Ontario, with oversight by TGLN. As a result of the collaborative efforts of clinical experts and the organ-specific working groups, we developed standard guidelines for patient referral, listing and donor exclusion practices; migrated organ allocation practices from regional models to a provincial system to help ensure equitable access for Ontarians waiting for a transplant; and developed provincial organ-sharing systems for liver and kidney.

Our three key achievements this year include:

1. A new provincial waitlist for liver allocation.
2. A new provincial organ-sharing system for kidneys.
3. The continued development of performance indicators and evaluation metrics.

In keeping with TGLN's multi-year strategy for transplantation, we continue to develop mechanisms for a sustainable end-to-end transplant system, striving to improve quality, safety, effectiveness, access, and patient-centred and integrated care, all of which will enable better patient outcomes.

New Provincial Waitlist for Liver Allocation

On November 13, 2012, TGLN and the Liver-Small Bowel Working Group implemented a new, single provincial waitlist. This list uses lab values and the amount of time a potential recipient has been waiting for a liver transplant to determine who will receive the next available organ. The new province-wide system replaces the two regional systems in London and Toronto. The list will ensure that patients in greatest need are prioritized regardless of where they live. In partnership with the Ontario Medical Association (OMA), TGLN sent notices to all physicians in Ontario about the new provincial system, along with information on referrals and listing guidelines to enable timely access to transplantation.

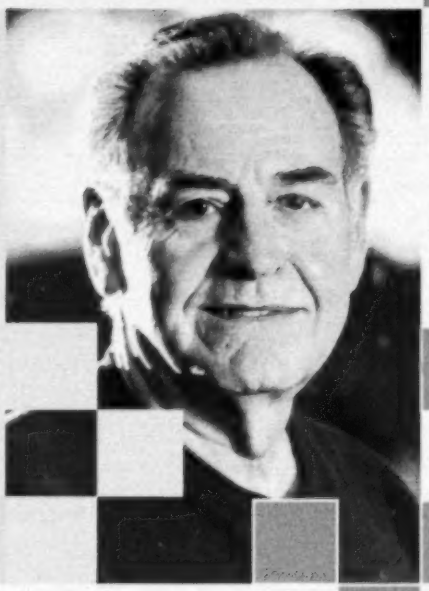
New Provincial Organ-Sharing System for Kidneys

In partnership with the Kidney-Pancreas Working Group, TGLN approved an innovative provincial kidney allocation algorithm, scheduled to be implemented in 2013. Until this year, five regional kidney waitlists —

The Celebration of Life medal, given to donor family members, with thanks for their generosity.

In 1996, at the age of 51, tests revealed that my liver had developed primary sclerosing cholangitis (PSC). Until that point, I had been fairly healthy, but now I was told that I had less than a year to live unless I underwent a liver transplant. Through the generosity of an organ donor, I received my transplant. Six months after the operation, I was able to return to work as an Ontario Provincial Police (OPP) officer. In 2010, after 38 years of service with the OPP and in the beginning of my retirement, tests revealed that the PSC had returned: I would need another life-saving transplant. Once again, I received the gift of life — a second liver transplant. I returned to a full family life, a part-time job at a fitness facility and an important new role: promoting organ and tissue donation. My new lease on life is only possible because of compassionate and selfless gifts from two organ donors.

Gary Cooper, *Thunder Bay, liver transplant, October 1996 and June 2010*



in London, Toronto, Ottawa, Hamilton and Kingston — maintained separate lists for their respective transplant programs. Donor kidneys were allocated to waitlist patients depending on the geographical origin of a donor. Under the new system, the first kidney will be allocated from local waitlists, and the second kidney will be allocated provincially.

The implementation of this new kidney allocation system will not only improve access and decrease wait times across the province, but will also enhance equity for Ontarians awaiting a kidney and improve access for sensitized patients — those for whom finding a kidney match is often difficult.

Continued Development of Performance Indicators and Evaluation Metrics

During 2012/13, each of the organ-specific working groups (Heart-Lung, Kidney-Pancreas and Liver-Small Bowel) initiated work to establish performance indicators for pre-transplant, transplant and post-transplant patient, program and health system outcomes. The working groups also defined a set of evaluation metrics that will be collected across the system to ensure that patient outcomes and allocation principles can be measured and benchmarked. All three groups will use the *Excellent Care for All Act, 2010,* as the quality framework underpinning their improvement plans.

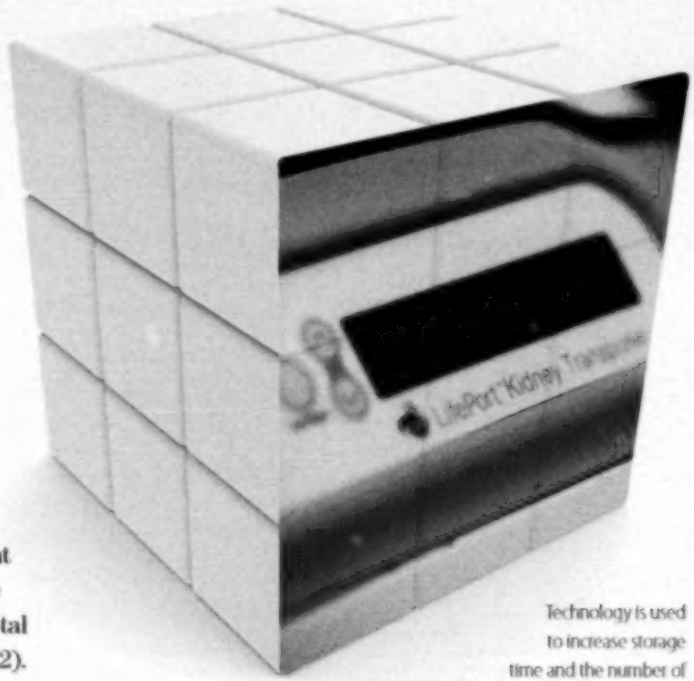
Other Initiatives

A new Vascularized Composite Allotransplantation (VCA) Working Group was also created this year. The group has developed criteria for the creation of donor exclusion, referral, patient listing and allocation principles. TGLN is working to achieve a program launch in 2013.

> *People worry that their loved one has already been through enough — but the hard part is done. Their loved one is gone and they don't feel pain anymore. Don't ever take their wishes away from them! This is the last wonderful thing you can do for them — it allows them to do good for others.*
>
> DONOR MOM

OBJECTIVE 2

Achieve a 59 percent TGLN conversion rate for organ donation at Tier 1 hospitals, 225–245 organ donors and a 3.44 organ yield per donor



Technology is used to increase storage time and the number of usable kidneys for transplant.

Overview

This year, TGLN set new records for organ donation, exceeding the previous year's performance in a number of key areas. Goals were exceeded, with a conversion rate of 63 percent for the 21 original designated hospitals. As well, we broke our existing organ donation record, with a total of 247 organ donors (from a record of 222 in 2011/12). Further, TGLN exceeded the provincial conversion rate target of 3.44, with a 3.54 organ yield per donor.

We were able to achieve these new records for a number of reasons, including:

- An increase in the number of potential eligible donors from 392 in 2011/12 to 451 in 2012/13;
- Expansion to 12 newly designated hospitals;
- An increase in the number of donation after cardiac death (DCD) donors from 41 in 2011/12 to 58 in 2012/13; and
- An overall consent rate of 71 percent.

Focus on the GTA

One of TGLN's strategic priorities over the next three years is to focus on the Greater Toronto Area (GTA), where it is clear that the greatest gains in donation can be realized. The Donation Steering Committee and the engagement of other key stakeholders helped TGLN accelerate its commitment to acheiveing this priority.

Based on an analysis of hospital performance in 2011/12, a three-year GTA strategy was launched to focus on resources and improvement efforts in this region. This focus will have a positive impact on our work across the province and support transplant recipients in all of Ontario. As part of this strategy, TGLN held conferences entitled "The Changing Face of Donation," which focused on educating health care professionals (HCPs) about best practices related to donation. The conferences included a strong cultural diversity component, building on TGLN's continued development of internal staff through the Intercultural Development Inventory (IDI) assessment and feedback sessions.

TGLN continued to help improve the donation performance of the 21 hospitals in Ontario with the highest organ donation potential, focusing specifically on those in the GTA. We provided standardized metrics and regular feedback on opportunities for improvement to these hospitals.

TGLN's CEO, Ronnie Gavsie, continued making annual visits to each hospital CEO in the region, drawing attention to specific successes and areas for improvement in donation performance.

Newly Designated Hospitals

This year, 12 additional hospitals with level III critical care capability began reporting to TGLN. To assist these hospitals, TGLN continued to develop a new service-delivery model, which provides hospital support and engagement through peer teleconferences.

Fifty percent of these newly designated hospitals have been reporting for more than one year, and their donors contributed to the overall success of TGLN in 2012/13. All 24 of these hospitals (12 designated in 2011 and 12 in 2012) have introduced the standardized provincial clinical triggers. Typical compliance for death reporting in the hospitals exceeds 85 percent. Eighteen of the 24 hospitals have convened organ and tissue donation committees, and more than half are in the process of approving, or have completed, new organ and tissue donation policies that are consistent with the provincial template approved for circulation by the Donation Steering Committee.

Donation Steering Committee

TGLN's Donation Steering Committee, created in 2011 and comprising experts and system partners from areas integral to the donation process, continued its work to address system-level issues affecting the donation performance gap.

In 2012/13, the DSC developed:

- A provincial Organ and Tissue Donation Policy;
- A Neurological Determination of Death (NDD) Policy;
- NDD Guidelines and Form; and
- An adult and pediatric order set, to support effective management of organ and tissue donation and transplantation in Ontario.

The DSC also endorsed the Critical Incident Process, whereby all cases in which a donor family does not support their loved one's donation consent are reviewed. This process helps identify strategies to reduce this gap.

I was born with cystic fibrosis. Determined not to let my condition deter me from my passions, I focused on a successful career as a jazz singer. However, at the age of 32, I suddenly became so sick that I needed to have a double-lung transplant. In the months leading up to the transplant, I had given up on performing in public, because my oxygen tank had to be with me at all times. After being placed on the waitlist for a transplant, I prayed and waited for my pager to go off and bring me good news. After six months, I finally got the call: a match had been found. A few weeks after the surgery, I started to sing again. I am alive and well today because someone took the time to tell their family about their desire to be a donor. I have just signed a recording contract and am preparing for a tour with my band.

Alex Pangman, *Toronto, double-lung transplant, November 2008*

Accreditation Canada Standards Changes

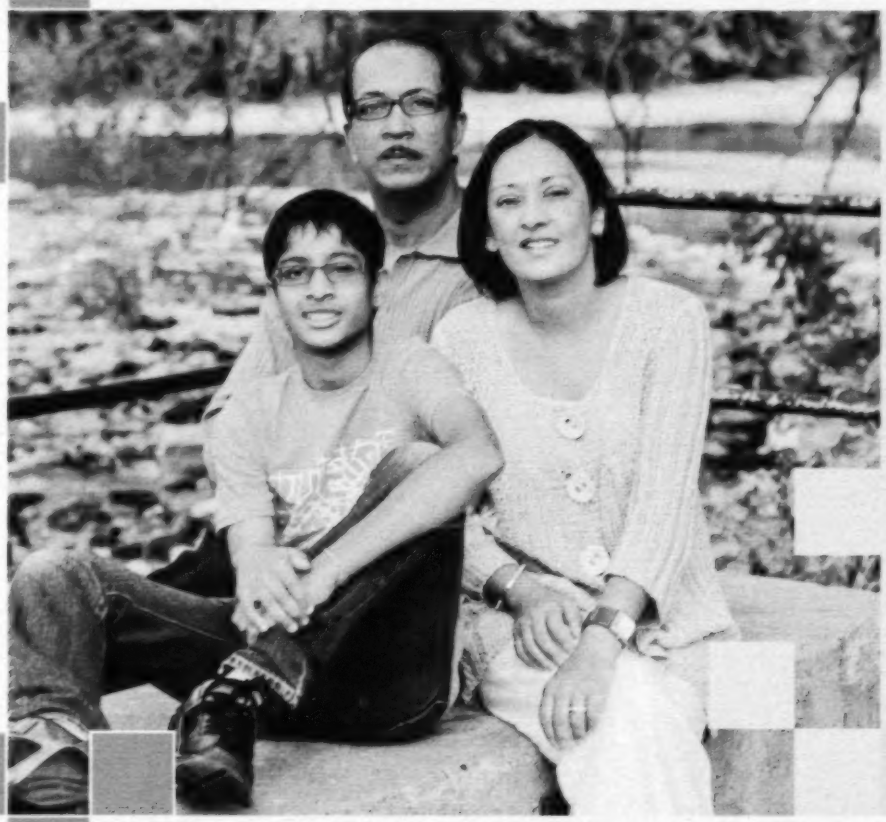
The changes to the Accreditation Canada standards for organ and tissue donation have spurred numerous hospitals to request more educational opportunities and tools. The new standardized provincial clinical triggers, and policies and procedures, have been disseminated to all organizations that have sought assistance from TGLN.

> *My donor family saved my life at a time of such tragedy; there is no greater gift. I will cherish and take care of my gift every day of my new and wonderful life.*
>
> AMANDA VANDERHARST, DOUBLE-LUNG RECIPIENT

Other Initiatives

TGLN developed a physician survey in 2012/13 that focused on intensive care units (ICUs) and emergency departments (EDs), and presented the results at the Canadian Critical Care Forum (CCCF) in October 2012. The survey provided insight on how to better partner with physicians, and highlighted the importance of the on-call donation specialist physician role in supporting donation cases in real time.

TGLN has also been working closely with Neurosurgery Ontario and CritiCall to develop criteria and a donor referral algorithm that can identify potential organ donor candidates and support early identification and referral. As well, we are collaborating on how to leverage the Emergency Neurosurgery Image Transfer System (ENITS) for early identification of potential donors.



After 28 years as an insulin-dependent diabetic, seven of which were spent on dialysis, everything changed when I received the gift of life in August 2004. Today, I still refer to my kidney and pancreas as my "new" organs! I am forever indebted to my donor family for consenting to donate the organs of their loved one. And I am very proud to be a volunteer with Trillium Gift of Life Network. This work enables me to continue raising awareness about the need for organ and tissue donors across Ontario.

Rizwana Ramzanali, *London, kidney and pancreas transplant, August 2004*

OBJECTIVE 3

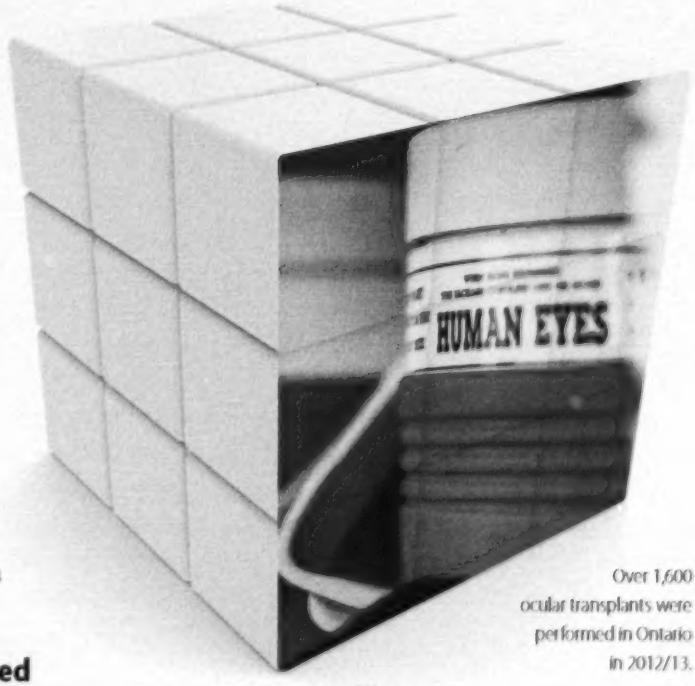
Achieve a 35 percent consent rate, 1,350–1,650 tissue donors and 160–175 multi-tissue donations

Overview and Results

TGLN met its target of 1,350–1,650 tissue donors in 2012/13, with 1,636 donors. As well, TGLN achieved 172 multi-tissue donors in 2012/13.

TGLN also exceeded its target consent rate of 35 percent, reaching 38 percent.

TGLN's achievement in tissue donation can be credited to the expansion of required reporting of deaths in 12 newly designated hospitals in 2012/13, and expanded reporting to hospital-wide deaths in 10 previously designated hospitals. This brings the total number of hospitals required to report hospital-wide deaths to 45.



Over 1,600 ocular transplants were performed in Ontario in 2012/13.

New Age-Specific Requirements Established

One of the recommendations in the *2010 Auditor General's Report on Organ and Tissue Transplantation* was that TGLN review the age-specific requirements for tissue donation. In 2012/13, TGLN began working to implement a process whereby only potential tissue donors who are 79 years of age and younger, as well as fetuses with a gestational age of at least 36 weeks, be reported to TGLN. This policy is expected to increase the efficiency of the donation process.

Comprehensive Tissue Recovery

Multi-tissue donation was enabled in 2012/13 by working with individual tissue banks to implement a comprehensive tissue-recovery system. There were 127 bone donors, up from 69 in 2011/12. This was aided by RegenMed's[1] ability to recover bones in areas outside of Thunder Bay. TGLN also facilitated training in comprehensive multi-tissue recovery.

Other Initiatives

In 2012/13, TGLN started recruiting and training enucleators to support an Eastern Ontario eye recovery team.

Family Services also added some key outreach initiatives this year, including:

- Sending letters to tissue donor families, something previously done by the Transplant Coordinators in the Provincial Resource Centre;
- Honouring tissue families in addition to organ donor families with the presentation of a medal instead of a certificate; and
- Holding the first Celebration of Life event to include tissue families.

1. RegenMed is a Canadian not-for-profit organization that provides human allograft tissue for transplant.

OBJECTIVE 4

Achieve 250,000–350,000 additional donor registrations in the MOHLTC database

Register your consent to organ and tissue donation at **www.BeADonor.ca**

Overview

Overall, Ontario's organ and tissue donor registration rate increased from 21 percent to 23 percent in 2012/13. Registered organ and tissue donors grew by 245,886 (98 percent of target), a 10 percent increase, contributing to the record number of lives saved this year. Twenty-seven percent of the 247 deceased organ donors in 2012/13 were registered donors.

In 2012/13, in line with our strategic priorities for the next three years, TGLN began working to significantly increase the number of registered organ donors in the "inner" Greater Toronto Area (GTA). The inner GTA (Toronto, Mississauga, Brampton, Vaughan, Richmond Hill, Markham, Pickering and Ajax) represents the area of the province with the greatest opportunity to save more lives by increasing donor registration, because it has a large population but a very low registration rate of just 14 percent. This year, registered donors in the inner GTA grew by 12.2 percent, compared with 9.6 percent in the rest of the province.

Key strategic initiatives and targeted outreach activities contributed to Ontario's overall increase in registered donors.

> *"I know nothing about the donor, only that he or she must have been kind, caring, compassionate and generous, something that had to have been learned from you, the family."*
>
> TO A DONOR FAMILY, FROM A GRATEFUL RECIPIENT

ServiceOntario Partnership

The largest share of donor registrations come through ServiceOntario centres. TGLN further enhanced its partnership with ServiceOntario to maximize donor registrations. After a successful pilot project in the fall, ServiceOntario expanded the donor registration ask made by client service representatives at its centres to Ontarians renewing their driver's licence or applying for an Ontario photo ID card, in addition to health card transactions. This expansion, rolled out to 291 ServiceOntario centres across the province, was completed in February 2013, and will help further increase donor registrations among Ontarians who have red and white health cards.

Gift of 8 Movement

The launch of the Gift of 8 Movement in April 2012, an enhancement to BeADonor.ca, created a unique opportunity to further drive increases in online organ and tissue donor registration. The Gift of 8 Movement reports donor registration rates for 179 communities across Ontario. TGLN issued media releases promoting donor registration that were timed with quarterly updates of donor registration data on BeADonor.ca.

Throughout the year, advocates and volunteers also generously shared their stories, putting a face on what donation and transplant can mean to donor families, recipients and anyone touched by this cause.

On average, there were 84 news stories in each quarter of 2012/13, reaching an audience of just over 52,000,000 people. We also saw spikes in registration every time the BeADonor.ca message was broadcast. CBC News noted that organ and tissue donation was one of the top five health news stories of 2012.

The Gift of 8 Movement also enables individuals and organizations to share their support for the cause of organ and tissue donation through customized pages on BeADonor.ca, where they can run their own "registration campaign" via their digital and real-world networks. Since its launch, 650 personal campaigns and 169 organizational campaigns have been created, providing an additional opportunity for advocates to promote donor registration among their family members, friends and communities.

Workplace Registration

To reach Ontarians at work, TGLN launched the workplace registration drive program in August 2012. Through this tailored program, organizations across Ontario can join the movement to save lives by inspiring their employees, stakeholders or members to register or check their donor registration status through a registration drive using their custom Gift of 8 page on BeADonor.ca. The program's greatest success to date has been in the health/hospital sector, and we are now looking at new ways to reach the corporate sector. Since its launch, close to 40 workplace registration drives have taken place or are underway. The program has garnered close to 10,000 visits to the online registry, and this number continues to grow.

Social Media

TGLN successfully promoted itself on Facebook, increasing our followers from 5,000 in January 2013 to just under 29,000 by the end of March. On average, this promotion reached 54,000 people a week.

Similarly, our Twitter feed, @TrilliumGift, now has more than 1,400 followers, including key members of the media and influential stakeholders. The hashtag #beadonor is so popular that it has been used by other organizations, including those advocating for stem cell donation, blood donation and living organ donation. U.S. organ donation agencies are also using the #beadonor hashtag.

I was diagnosed with kidney failure in January 1979 and placed on dialysis. On July 29, I received the gift of a kidney transplant from a deceased donor. Because of my donor's generosity, I was able to lead a normal life, including getting married and starting a family. I was an athlete throughout high school and college and won many local and provincial championships, competed in numerous World and National Transplant Games and paddled for the Team Transplant dragon boat team. I have never forgotten the gift of life I received, and have tried to give something back in return: For many years, I have volunteered with the Kidney Foundation, Windsor chapter, and Trillium Gift of Life Network. I also co-founded the Pulse Support Group in 1989 with three other transplant recipients. Pulse promotes organ and tissue donation.

Dennis J. Segatto, *Windsor, kidney transplant, July 1979*

Youth Education and Outreach

To continue to build support for organ and tissue donation among youth, the University of Toronto Transplant Institute (run by The Hospital for Sick Children, UHN and St. Michael's Hospital), in partnership with TGLN, continued its outreach through presentations to youth aged 16 to 19 in both the Toronto District School Board (TDSB) and the Toronto Catholic District School Board (TCDSB).

In the 2012/13 school year, the program expanded to deliver a greater number of presentations to a more geographically diverse audience, including private schools, colleges and other school boards. A total of 75 presentations were made in 34 schools, 20 of which participated for the first time.

One Life...Many Gifts, TGLN's secondary school curriculum, was also updated and brought in line with current in-class curricula, specifically focusing on civics and religious studies. Additional in-service training sessions were offered to teachers in private schools for the first time.

> *"We take pride and remain strong knowing that our daughter's donated organs are giving people better lives."*
>
> FAMILY OF DONOR WHO SAVED FIVE LIVES

Strengthening Volunteer Support

In 2012/13, the volunteer services program focused on leveraging the skills of over 300 active volunteers by expanding the volunteer group network to include priority low-registration zones in the GTA. In total, six new groups were created, one each in York Region, Scarborough, Niagara, Oakville, Hamilton and Oxford County, resulting in the addition of over 80 new advocates. The regional volunteer group model streamlines communication and strengthens community outreach with local knowledge and key relationships.

To improve volunteer support and collect program feedback, a survey was circulated to TGLN volunteers in 2012. The survey identified outdated contact information, revised personal records and reinvigorated advocates who had had a low level of participation.

TGLN also hosted a volunteer summit that was attended by 100 core volunteers. The one-day session provided an opportunity to harmonize core skills, including key messages, TGLN program knowledge and public outreach techniques. Going forward, this event will serve as an important tool to empower and strengthen TGLN's volunteer base.

Community Advocacy

In 2012, TGLN supported 397 community events across the province, a 25 percent increase over 2011. Support included guest speakers, on-site volunteers, collateral, telephone and in-person advice and direction, messaging and relationship building. Commitment from service clubs increased, with various clubs contacting TGLN to run registration drives or outreach at their planned events.

Inroads have also been made with key religious and faith leaders within the Muslim, Chinese and Jewish communities, with plans to expand strategic outreach in these communities going forward. Relationship-building with health care associations, including the Kidney and Liver Foundations, the Diabetes Association and the Heart and Stroke Foundation, has provided important outreach and partnership opportunities.

Further inroads have been made with funeral home industry representatives, with presentations at various industry events on the importance of organ and tissue donor registration and the value of talking to your family about your donation decision. These meetings provided extended opportunities to introduce TGLN to end-of-life planners, lawyers and funeral directors, with plans now underway for the development of tailored information and joint presentations.

OBJECTIVE 5

Develop and implement a quality management system that supports enhancements and utilization of staff, stakeholders and technology in continuous quality improvements and meeting quality standards

New Quality Policy

An important building block in TGLN's quality foundation was put in place in 2012/13 with the development and implementation of a quality policy. This policy is a formal, documented definition of how donation and transplantation services in the province of Ontario will be assessed. The policy outlines TGLN's mandate as well as its responsibilities and accountabilities to donor families, transplant recipients, internal staff and external health care partners.

The quality policy marries TGLN's current Mission Statement and the quality attributes that Health Quality Ontario (HQO) has outlined as HQO works to implement the *Excellent Care For All Act, 2010* (ECFAA). Going forward, the quality policy will be a valuable tool that provides clear benchmarks for staff and partners when working to meet Ontario's need for high-quality donation and transplant services.

New Donor Management System

This year, TGLN successfully implemented a new donor management system (DMS), iTransplant. The DMS is a web-based application that enables seamless, real-time, online donor case management across the province. TGLN Organ and Tissue Donation Coordinators (OTDCs) can now capture donor medical social history questionnaires, scan donation consent forms and manage donor cases using touchscreen devices via the Internet, anywhere within Ontario hospitals. Integration of the new system with TGLN's existing allocation system, TOTAL (the organ and tissue donation and transplantation information system) — from early referrals to offers and final outcomes — provides end-to-end enhancements and greater efficiency through this complete, robust technical innovation.

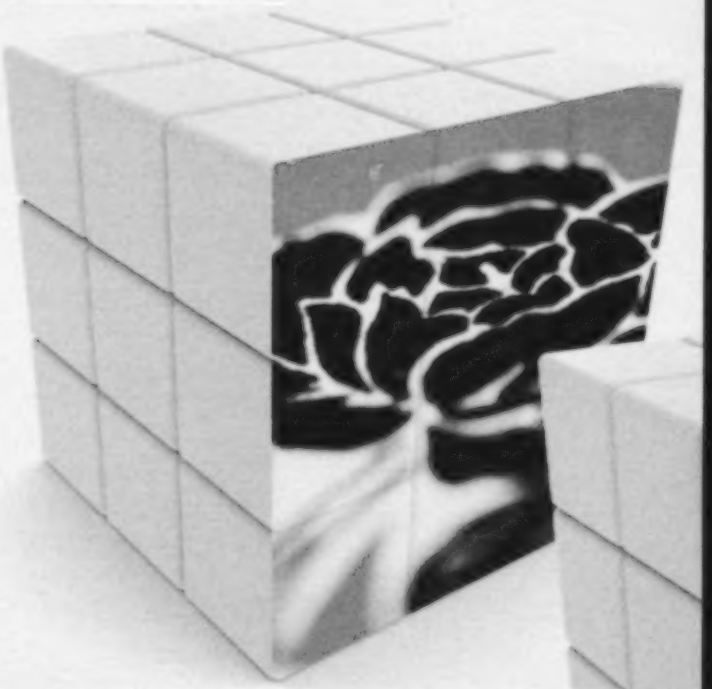
Launch of NOW (National Organ Waitlist)

On June 26, 2012, Canadian Blood Services, in collaboration with TGLN and all provinces/territories, launched the National Organ Waitlist, a secure, online, non-renal waitlist for high-status patients that replaces the paper-based list managed by London Health Sciences Centre. The implementation of NOW marks TGLN's first bi-directional data exchange with an external partner. NOW enables the download of a national list of recipients for organ allocation through TOTAL, with seamless integration into our existing allocation system and processes.

One organ donor can save eight lives and enhance 75 more through the gift of tissue.

OBJECTIVE 6

Improve staff engagement



TGLN's mission — saving and enhancing more lives through the gift of organ and tissue donation and transplantation — creates a real sense of pride and accomplishment among TGLN staff. We strive to build on that energy by creating a positive and dynamic work environment to improve staff engagement, as well as attract and retain the best talent.

In 2012/13, TGLN continued to make strides towards creating a best-in-class workplace environment. Specifically, TGLN:

- Provided staff with the tools and support needed to perform their roles effectively and efficiently. Much of this was accomplished through the use of standardized processes, guides, equipment, training and professional development coaching.
- Streamlined the recruitment process to attract and select the right people.
- Expanded the focus on career development to include more opportunities for internal movement and promotion.

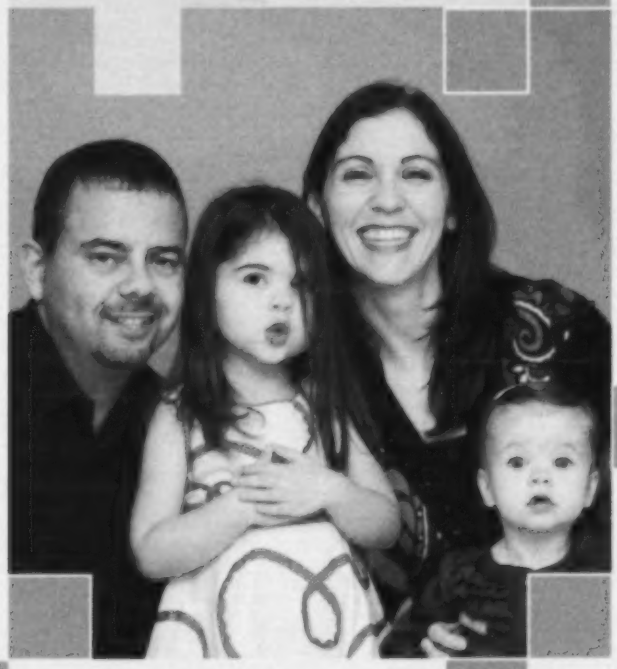
I was diagnosed with Hodgkin's lymphoma in 2007, just before my last semester at university. I underwent chemotherapy and radiation and, fortunately, the cancer went into remission. What I couldn't have anticipated was that one life-saving measure would eventually lead to needing another one. The medication that had destroyed the cancer cells also severely damaged my healthy lungs, causing pulmonary fibrosis. My lung function soon declined to 25 percent. Over the following four years, my lung function continued to worsen, and I was put on the waitlist for a lung transplant in November 2011. My increasing dependence on an oxygen tank meant that I could no longer travel easily, so I began working on my Master's degree from home. After a year of waiting, I received the call that would change my life. The next morning, I was gifted with a new pair of lungs — and the renewed gift of life, something that would have been impossible without my donor's selfless decision. For that, I will always be grateful.

Shilpa Raju, *Toronto, double-lung transplant, November 2012*

Quilt squares created by donor families to celebrate the memory of loved ones lost.

When I was 18, chronic stomach pain forced me into the emergency department one night, where I was diagnosed with appendicitis. After surgery to remove my appendix, a heart murmur was noticed and I was immediately referred to a cardiologist, who told me I had hypertrophic cardiomyopathy and that I could no longer play two of my favourite sports, hockey and soccer. Despite my condition, I completed my Bachelor of Economics at York University and began working as a financial planner. Yet I constantly felt short of breath and was barely able to walk even short distances. In 2002, my cardiologist told me that the only option left was a heart transplant. In February 2003, I received that life-saving transplant, for which I am forever grateful. These days, my wife and I are parents to two beautiful girls who keep us very busy. I have resumed my career as a financial planner and run a successful practice in Toronto.

Eddie Sabat, *Toronto, heart transplant, February 2003*



> *It finally started to sink in: the gravity and the beauty, the generosity and the sacrifice — the act of giving the ultimate, unconditional gift. Who wouldn't be motivated to come to work here every day?*
>
> TGLN EMPLOYEE

> *Live the life you love. Love the life you live.*
>
> ORGAN DONOR SAVED THREE LIVES

Appendix I – Tables and Figures for Tissues: 2010/11, 2011/12 and 2012/13

Table 1

Tissue Donation by Tissue Type

Tissue Type	*FY 2012/13*	*FY 2011/12*	*FY 2010/11*
Ocular Tissue	1,604	1,724	1,598
Skin	39	30	10
Heart Valves	76	47	42
Bone	127	69	84
Any Tissue	1,636	1,749	1,622

Table 2

Tissue Donors by Hospital

Hospital	*FY 2012/13*	*FY 2011/12*	*FY 2010/11*
Central and GTA Region			
Halton Healthcare Services Corporation	23	12	10
Humber River Regional Hospital	11	18	6
Lakeridge Health Corporation	122	64	74
Mackenzie Health	24		
Markham Stouffville Hospital	7		
Mount Sinai Hospital	12	15	4
North York General Hospital	22		
Peterborough Regional Health Centre	13	12	3
Rouge Valley Health System	25		
Royal Victoria Hospital	57	63	50
Southlake Regional Health Centre	48	28	11
St. Joseph's Health Centre	22	19	
St. Michael's Hospital	56	56	68
Sunnybrook Health Sciences Centre	48	69	49
The Credit Valley Hospital	41	24	7
The Hospital for Sick Children	7	10	15
The Scarborough Hospital	39	33	47
Toronto East General Hospital	12	16	2
Trillium Health Centre	91	53	56
University Health Network	95	122	106
William Osler Health Centre	55	52	49
Other Hospitals of Central and GTA Region	30	53	52
Total for Central and GTA Region	**860**	**736**	**628**

Continued on page 19

Appendix I – Tables and Figures for Tissues: 2010/11, 2011/12 and 2012/13

Table 2 *(Continued from page 18)*

Tissue Donors by Hospital

Hospital	*FY 2012/13*	*FY 2011/12*	*FY 2010/11*
Eastern Region			
Children's Hospital of Eastern Ontario	1	3	5
Kingston General	84	99	128
The Ottawa Hospital	58	136	172
Other Hospitals of Eastern Region	39	43	48
Total for Eastern Region	**182**	**281**	**353**
Northern Region			
Health Sciences North	70	79	72
Thunder Bay Regional Health Sciences Centre	25	64	36
Other Hospitals of Northern Region	13	6	4
Total for Northern Region	**108**	**149**	**112**
South West Region			
Blue Water Health — Sarnia	19	8	
Brantford General Hospital	10		
Chatham-Kent Health Alliance	10	7	1
Grand River Hospital Corporation	10	43	26
Grey Bruce Health Services	4		
Guelph General Hospital	14		
Hamilton Health Sciences Centre	112	114	136
Hôtel-Dieu Grace Hospital	30	64	58
Joseph Brant Memorial Hospital	14		
Leamington District Memorial	1	1	1
London Health Sciences Centre	131	145	112
Niagara Health System	44	94	77
St. Joseph's Healthcare — Hamilton	7		
St. Mary's General Hospital	30		
St. Thomas Elgin General Hospital	2	40	38
Stratford General Hospital	4		
Windsor Regional Hospital	13	22	4
Woodstock General Hospital	5		
Other Hospitals of South West Region	10	20	29
Total for South West Region	**470**	**558**	**482**
Total for Other Facilities	**16**	**25**	**47**
Total for All Regions	**1,636**	**1,749**	**1,622**

NOTE: Donors: Number of individual tissue donors from whom at least one type of tissue was recovered. All cases with no information on referring hospital are counted within "Total for Other Facilities."

Appendix I – Tables and Figures for Tissues: 2010/11, 2011/12 and 2012/13

Figure 1

Tissue Referrals and Donors

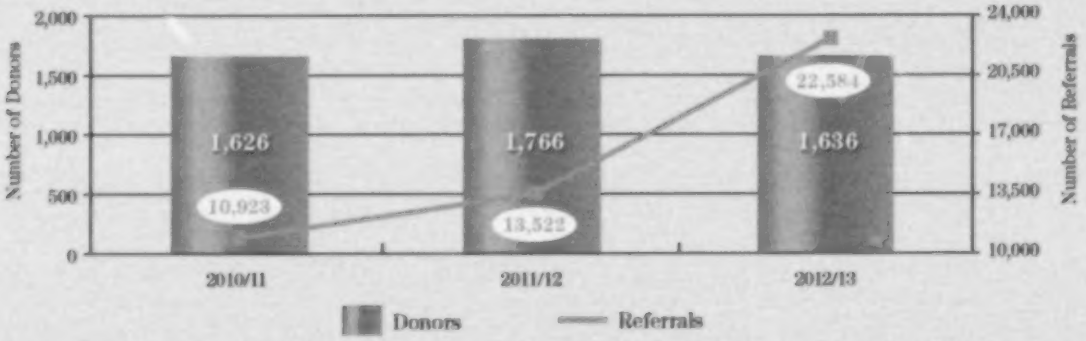


Figure 2

Call-Screen-Connect Strategy – TGLN/Hospital Approach Ratio

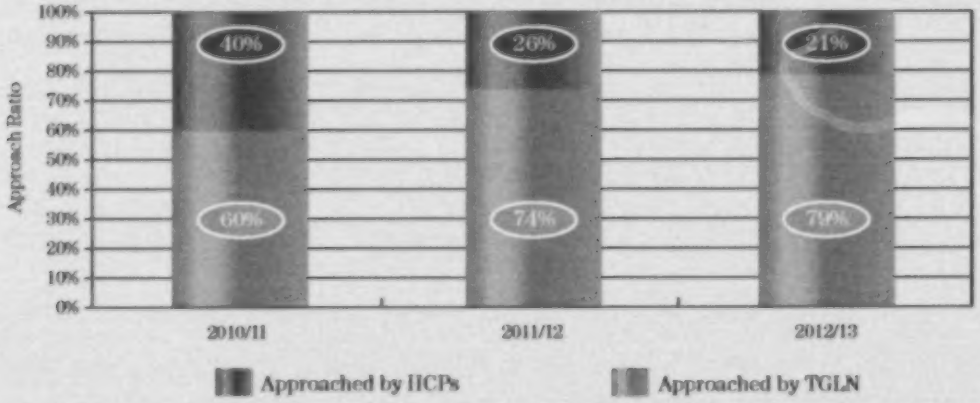
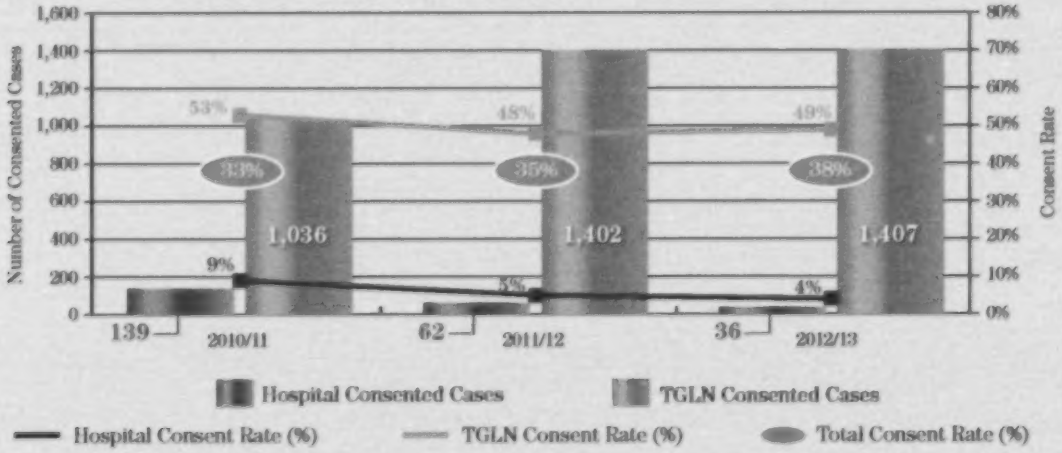


Figure 3

Call-Screen-Connect Strategy – TGLN/Hospital Consent Ratio



Appendix II – Tables and Figures for Organs: 2010/11, 2011/12 and 2012/13

Table 3

Organ Donation Performance Indicator Results (Tier 1 Hospitals)

Performance Indicator	*FY 2012/13*	*FY 2011/12*	*FY 2010/11*
Potential Organ Donors	451	392	413
Organ Donors	212	189	185
Referral Rate	99%	98%	98%
Declaration Rate	75%	73%	68%
Approach Rate	92%	88%	80%
Consent Rate	71%	73%	74%
Recovery Rate	89%	85%	89%
Conversion Rate	63%	60%	55%

Definitions

Potential organ donors: Under Trillium Gift of Life Network's (TGLN's) measurement system, potential organ donors are called potential eligible cases. There are three categories of potential eligible cases:

1. Cases with at least one documented declaration of brain death and free of exclusionary medical conditions;
2. Cases with documented clinical findings consistent with but not declared as brain death, also free of exclusionary medical conditions; and
3. Realized donation after cardiac death (DCD) cases.

An **organ donor** means that at least one organ from a deceased person is recovered and transplanted. That deceased person becomes an organ donor.

Probable cases are potential eligible cases as well as cases found medically unsuitable before or after consent for donation is obtained.

Referral rate is the percentage of probable cases referred to TGLN.

Declaration rate is the percentage of probable cases declared neurologically (brain) dead.

Approach rate is the percentage of cases minus those cases determined to be medically unsuitable or not brain dead before an approach is made.

Consent rate means the percentage of approached cases when consent has been obtained for deceased organ donation.

Recovery rate is the percentage of cases when consent was obtained and from which at least one organ is recovered and transplanted.

Conversion rate is the percentage of potential organ donors converted into actual donors.

Table 4

Organ Donors from Ontario and Out-of-Province

Type of Donor	*FY 2012/13*	*FY 2011/12*	*FY 2010/11*
Deceased Donors from Ontario	247	222	213
NDD Donors from Ontario	189	181	172
DCD Donors from Ontario	58	41	41
Living Donors from Ontario	264	254	254
All Ontario Donors	**511**	**476**	**467**
Deceased Donors from Other Canadian Provinces	48	60	50
Deceased Donors from the United States	10	11	12
All Out-of-Province Donors	**58**	**71**	**62**

Definitions

NDD: Neurological determination of death

DCD: Donation after cardiac death

Appendix II – Tables and Figures for Organs: 2010/11, 2011/12 and 2012/13

Table 5a

Deceased Organ Donors by Region and Hospital

Region/Hospital	*2012/2013*	*2011/2012*	*2010/2011*
Central and GTA	**101**	**97**	**93**
Lakeridge Health Corporation	3	5	7
Mackenzie Health	9		
Royal Victoria Hospital	5	2	5
St. Michael's Hospital	12	16	13
Sunnybrook Health Sciences Centre	21	14	12
The Hospital for Sick Children	8	6	12
The Scarborough Hospital	7	3	2
Trillium Health Centre	8	8	4
University Health Network	5	11	11
William Osler Health System	5	9	7
Halton Healthcare Services	4	2	1
Humber River Regional Hospital	1		2
Markham Stouffville Hospital	1		
Southlake Regional Health Centre	4	8	1
Mount Sinai Hospital	0	1	1
North York General Hospital	1		
The Credit Valley Hospital	1	2	3
Peterborough Regional Health Centre	2	3	3
Rouge Valley Health System	4		
St. Joseph's Health Centre — Toronto	0	1	2
Toronto East General Hospital	0		
Other Hospitals	0	4	4
East	**27**	**34**	**35**
Children's Hospital of Eastern Ontario	2	4	1
Kingston General Hospital	9	9	8
The Ottawa Hospital	16	18	22
Other Hospitals	0	3	4
North	**23**	**16**	**16**
Health Sciences North	8	7	8
Thunder Bay Regional Health Sciences Centre	10	7	6
Other Hospitals	5	2	2

Continued on page 23

Appendix II – Tables and Figures for Organs: 2010/11, 2011/12 and 2012/13

Table 5a *(Continued from page 22)*

Deceased Organ Donors by Region and Hospital

Region/Hospital	*2012/2013*	*2011/2012*	*2010/2011*
South West	**96**	**75**	**69**
Blue Water Health — Sarnia	2	2	
Brantford General Hospital	0		
Chatham-Kent Health Alliance	0		
Grand River Hospital Corporation	3	2	6
Grey Bruce Health Services	2		
Guelph General Hospital	1		
Hamilton Health Sciences Centre	33	30	26
Hôtel-Dieu Grace Hospital	10	8	6
Joseph Brant Memorial Hospital	2		
London Health Sciences Centre	32	25	21
Leamington District Memorial Hospital	0		
Niagara Health System	2	1	3
St. Joseph's Healthcare System — Hamilton	2		
St. Mary's General Hospital	4	2	2
Stratford General Hospital	0		
Windsor Regional Hospital	0	1	1
Woodstock General Hospital	0		
Other Hospitals	3	4	4
Grand Total	**246**	**220**	**210**

NOTE: Blank entries indicate newly designated hospitals with no previous conversion rate data available.

Appendix II – Tables and Figures for Organs: 2010/11, 2011/12 and 2012/13

Table 5b

Conversion Rate by Region and Hospital

Region/Hospital	*2012/2013*	*2011/2012*	*2010/2011*
Central and GTA			
Lakeridge Health Corporation	75%	31%	54%
Royal Victoria Hospital	83%	50%	83%
St. Michael's Hospital	46%	76%	57%
Sunnybrook Health Sciences Centre	51%	61%	50%
The Hospital for Sick Children	57%	46%	63%
The Scarborough Hospital	54%	50%	13%
Trillium Health Centre	50%	47%	22%
University Health Network	50%	79%	42%
William Osler Health System	22%	26%	26%
York Central Hospital	50%	29%	33%
Halton Healthcare Services	57%		
Humber River Regional Hospital	10%		
Joseph Brant Memorial Hospital	67%		
Southlake Regional Health Centre	57%		
Mount Sinai Hospital	0%		
Markham Stouffville Hospital	33%		
North York General Hospital	50%		
The Credit Valley Hospital	17%		
Peterborough Regional Health Centre	67%		
Rouge Valley Health System	27%		
St. Joseph's Health Centre — Toronto	0%		
Toronto East General Hospital	0%		
Other Hospitals			
East			
Children's Hospital of Eastern Ontario	67%	80%	100%
Kingston General Hospital	69%	69%	44%
The Ottawa Hospital	94%	95%	92%
Other Hospitals			
North			
Health Sciences North	89%	70%	62%
Thunder Bay Regional Health Sciences Centre	59%	58%	75%
Other Hospitals			

Continued on page 25

Table 5b *(Continued from page 24)*

Conversion Rate by Region and Hospital

Region/Hospital	*2012/2013*	*2011/2012*	*2010/2011*
South West			
Blue Water Health — Sarnia	100%		
Brantford General Hospital	0%		
Chatham-Kent Health Alliance			
Grand River Hospital Corporation	75%	22%	86%
Grey Bruce Health Services	100%		
Guelph General Hospital	100%		
Hamilton Health Sciences Centre	83%	75%	67%
Hôtel-Dieu Grace Hospital	77%	57%	60%
London Health Sciences Centre	76%	74%	75%
Niagara Health System	100%	50%	60%
St. Joseph's Health Centre — Hamilton	100%		
St. Mary's General Hospital	67%	100%	67%
St. Thomas Elgin General Hospital	0%		
Stratford General Hospital — Huron Perth Health Alliance			
Windsor Regional Hospital	0%		
Other Hospitals			
Grand Total	**57%**	**55%**	**55%**

NOTE: Blank entries indicate newly designated hospitals with no previous conversion rate data available.

Table 6

Number of Organs Recovered and Transplanted from Deceased Donors in Ontario

Organ	*2012/13*			*2011/12*			*2010/11*		
	From NDD Donors	*From DCD Donors*	*Total*	*From NDD Donors*	*From DCD Donors*	*Total*	*From NDD Donors*	*From DCD Donors*	*Total*
Heart	56	0	56	52	0	52	55	0	55
Kidney	303	102	405	287	73	360	284	72	356
Liver	162	14	176	165	13	178	149	10	159
Lung	123	20	143	141	22	163	90	16	106
Pancreas — Islets	56	0	56	38	0	38	45	0	45
Pancreas — Whole	34	3	37	31	4	35	21	2	23
Small Bowel	2	0	2	0	0	0	1	0	1
Total	**736**	**139**	**875**	**714**	**112**	**826**	**645**	**100**	**745**

NOTE: Organs are counted as in calculation of organ yield.

Appendix II – Tables and Figures for Organs: 2010/11, 2011/12 and 2012/13

Table 7

Organ Transplant Yield per Deceased Donor in Ontario

Donor Type	*2012/13*		*2011/12*		*2010/11*	
	Number of Donors	*Organ Yield*	*Number of Donors*	*Organ Yield*	*Number of Donors*	*Organ Yield*
DCD	58	2.4	41	2.73	41	2.44
NDD	189	3.89	181	3.94	172	3.75
Total	**247**	**3.54**	**222**	**3.72**	**213**	**3.5**

Organ Utilization			
Organ Type	*2012/13*	*2011/12*	*2010/11*
Heart	0.23	0.23	0.26
Kidney	0.82	0.81	0.84
Liver	0.69	0.78	0.73
Lung	0.29	0.37	0.25
Pancreas — Islets	0.23	0.17	0.21
Pancreas — Whole	0.15	0.15	0.11
Small Bowel	0.01	0	0.01

Table 8

Organ Transplants in Ontario from Deceased (Provincial and Non-Provincial) and Living Donors from Ontario

Donor Type	*2012/13*	*2011/12*	*2010/11*
Kidney from Deceased Donors	365	322	333
Kidney from Living Donors	207	203	212
Liver from Deceased Donors	175	186	166
Liver from Living Donors	57	51	42
Heart	70	71	66
Lung	101	114	77
Pancreas	16	9	7
Small Bowel	1	0	1
Kidney/Pancreas	25	28	19
Heart/Lung	0	0	1
Liver/Kidney	5	4	4
Liver/Heart	0	0	1
Liver/Bowel	2	0	0
Liver/Lung	2	0	0
Liver/Pancreas	0	0	0
Total	**1,026**	**988**	**929**

Appendix II – Tables and Figures for Organs: 2010/11, 2011/12 and 2012/13

Table 9

Waiting List for Organ Transplants

Organ	*March 31, 2013*	*March 31, 2012*	*March 31, 2011*
Kidney	1,031	1,086	1,056
Liver	195	231	232
Heart	79	57	64
Lung	79	66	65
Pancreas	23	35	26
Small Bowel	1	0	0
Kidney/Pancreas	53	49	51
Heart/Lung	6	1	1
Total	**1,467**	**1,525**	**1,495**

Table 10

Deceased Organ Donation Funding to Hospitals

Hospitals	*Phase 1*		*Phase 2*		*Phase 3*		*Total Funding*
	# of Cases	*Amount*	*# of Cases*	*Amount*	*# of Cases*	*Amount*	
Tier 1	**493**	**$394,400**	**300**	**$615,000**	**239**	**$752,850**	**$1,762,250**
Children's Hospital of Eastern Ontario	2	$1,600	2	$4,100	2	$6,300	$12,000
Children's Hospital of Eastern Ontario	2	$1,600	2	$4,100	2	$6,300	$12,000
Grand River Hospital Corporation	10	$8,000	4	$8,200	3	$9,450	$25,650
Grand River Hospital — Kitchener	10	$8,000	4	$8,200	3	$9,450	$25,650
Hamilton Health Sciences Centre	49	$39,200	37	$75,850	33	$103,950	$219,000
Hamilton General Hospital — Hamilton Health Sciences Centre	40	$32,000	29	$59,450	25	$78,750	$170,200
Juravinski Hospital — Hamilton Health Sciences Centre	4	$3,200	4	$8,200	4	$12,600	$24,000
McMaster Children's Hospital — Hamilton Health Sciences Centre	5	$4,000	4	$8,200	4	$12,600	$24,800
Health Sciences North	20	$16,000	11	$22,550	8	$25,200	$63,750
Hôtel-Dieu Grace Hospital	27	$21,600	18	$36,900	12	$37,800	$96,300
Kingston General Hospital	25	$20,000	13	$26,650	12	$37,800	$84,450
Lakeridge Health Corporation	6	$4,800	3	$6,150	3	$9,450	$20,400
Lakeridge Health — Oshawa	6	$4,800	3	$6,150	3	$9,450	$20,400
London Health Sciences Centre	59	$47,200	44	$90,200	36	$113,400	$250,800
Children's Hospital of Western Ontario — London Health Sciences Centre	2	$1,600	2	$4,100	1	$3,150	$8,850
University Hospital — London Health Sciences Centre	19	$15,200	14	$28,700	11	$34,650	$78,550
Victoria Hospital — London Health Sciences Centre	38	$30,400	28	$57,400	24	$75,600	$163,400

Continued on page 28

Appendix II – Tables and Figures for Organs: 2010/11, 2011/12 and 2012/13

Table 10 *(Continued from page 27)*

Deceased Organ Donation Funding to Hospitals

Hospitals	*Phase 1*		*Phase 2*		*Phase 3*		*Total Funding*
	# of Cases	*Amount*	*# of Cases*	*Amount*	*# of Cases*	*Amount*	
Mackenzie Health	21	$16,800	15	$30,750	10	$31,500	$79,050
Mackenzie Richmond Hill Hospital	21	$16,800	15	$30,750	10	$31,500	$79,050
Niagara Health System	5	$4,000	2	$4,100	2	$6,300	$14,400
Greater Niagara General — Niagara Health System	1	$800	0	$0	0	$0	$800
St. Catharines General — Niagara Health System	4	$3,200	2	$4,100	2	$6,300	$13,600
Royal Victoria Hospital	10	$8,000	8	$16,400	7	$22,050	$46,450
St. Mary's General Hospital	10	$8,000	5	$10,250	5	$15,750	$34,000
St. Michael's Hospital	41	$32,800	18	$36,900	14	$44,100	$113,800
Sunnybrook Health Sciences Centre	49	$39,200	28	$57,400	21	$66,150	$162,750
The Hospital for Sick Children	19	$15,200	10	$20,500	9	$28,350	$64,050
The Ottawa Hospital	34	$27,200	22	$45,100	19	$59,850	$132,150
Ottawa Hospital — Civic Campus	28	$22,400	17	$34,850	18	$56,700	$113,950
Ottawa Hospital — General Campus	6	$4,800	5	$10,250	1	$3,150	$18,200
The Scarborough Hospital	16	$12,800	11	$22,550	9	$28,350	$63,700
Scarborough Hospital — Birchmount Campus	10	$8,000	6	$12,300	6	$18,900	$39,200
Scarborough Hospital — General Campus	6	$4,800	5	$10,250	3	$9,450	$24,500
Thunder Bay Regional Health Sciences Centre	25	$20,000	13	$26,650	11	$34,650	$81,300
Trillium Health Centre	25	$20,000	14	$28,700	10	$31,500	$80,200
Trillium Health Centre — Mississauga	25	$20,000	14	$28,700	10	$31,500	$80,200
University Health Network	20	$16,000	11	$22,550	7	$22,050	$60,600
Toronto General Hospital — University Health Network	2	$1,600	1	$2,050	0	$0	$3,650
Toronto Western Hospital — University Health Network	18	$14,400	10	$20,500	7	$22,050	$56,950
William Osler Health System	20	$16,000	11	$22,550	6	$18,900	$57,450
Brampton Civic Hospital — William Osler Health System	12	$9,600	8	$16,400	5	$15,750	$41,750
Etobicoke General Hospital — William Osler Health System	8	$6,400	3	$6,150	1	$3,150	$15,700
Non-Tier	**107**	**$85,600**	**60**	**$123,000**	**38**	**$119,700**	**$328,300**
Brantford General Hospital	2	$1,600	1	$2,050	0	$0	$3,650
Brantford General Hospital — Brant Community Healthcare System	2	$1,600	1	$2,050	0	$0	$3,650
Cambridge Memorial Hospital	3	$2,400	3	$6,150	3	$9,450	$18,000
Grey Bruce Health Services	4	$3,200	2	$4,100	1	$3,150	$10,450
Guelph General Hospital	1	$800	1	$2,050	1	$3,150	$6,000
Guelph General Hospital	1	$800	1	$2,050	1	$3,150	$6,000
Halton Healthcare Services	10	$8,000	6	$12,300	5	$15,750	$36,050
Halton Healthcare Services — Milton Site	5	$4,000	3	$6,150	2	$6,300	$16,450
Halton Healthcare Services — Oakville Trafalgar Site	5	$4,000	3	$6,150	3	$9,450	$19,600

Continued on page 29

Appendix II – Tables and Figures for Organs: 2010/11, 2011/12 and 2012/13

Table 10 *(Continued from page 28)*

Deceased Organ Donation Funding to Hospitals

Hospitals	*Phase 1*		*Phase 2*		*Phase 3*		*Total Funding*
	# of Cases	*Amount*	*# of Cases*	*Amount*	*# of Cases*	*Amount*	
Humber River Regional Hospital	6	$4,800	2	$4,100	1	$3,150	$12,050
Humber River Regional Hospital — Church Street Site	4	$3,200	2	$4,100	1	$3,150	$10,450
Humber River Regional Hospital — Finch Site	2	$1,600	0	$0	0	$0	$1,600
Joseph Brant Memorial Hospital	7	$5,600	6	$12,300	3	$9,450	$27,350
Markham Stouffville Hospital	4	$3,200	2	$4,100	1	$3,150	$10,450
Montfort Hospital	0	$0	1	$2,050	0	$0	$2,050
Montfort Hospital	0	$0	1	$2,050	0	$0	$2,050
Mount Sinai Hospital	2	$1,600	0	$0	0	$0	$1,600
North Bay Regional Health Centre	2	$1,600	2	$4,100	2	$6,300	$12,000
North York General Hospital	9	$7,200	6	$12,300	3	$9,450	$28,950
Peterborough Regional Health Centre	6	$4,800	5	$10,250	2	$6,300	$21,350
Queensway-Carleton Hospital	1	$800	0	$0	0	$0	$800
Queensway-Carleton Hospital	1	$800	0	$0	0	$0	$800
Quinte Healthcare Corporation	1	$800	1	$2,050	0	$0	$2,850
Belleville General Hospital — Quinte Health Care	1	$800	1	$2,050	0	$0	$2,850
Rouge Valley Health System	11	$8,800	5	$10,250	4	$12,600	$31,650
Rouge Valley Health System — Ajax Site	6	$4,800	2	$4,100	1	$3,150	$12,050
Rouge Valley Health System — Centenary Site	5	$4,000	3	$6,150	3	$9,450	$19,600
Sarnia General Hospital	4	$3,200	3	$6,150	2	$6,300	$15,650
Bluewater Health — Sarnia Mitton Site	4	$3,200	3	$6,150	2	$6,300	$15,650
Sault Ste Marie General Hospital	3	$2,400	2	$4,100	2	$6,300	$12,800
Soldiers' Memorial Hospital	2	$1,600	2	$4,100	1	$3,150	$8,850
Orillia Soldiers' Memorial Hospital	2	$1,600	2	$4,100	1	$3,150	$8,850
Southlake Regional Health Centre	7	$5,600	4	$8,200	4	$12,600	$26,400
St. Joseph's Health Centre of Sarnia	1	$800	0	$0	0	$0	$800
Bluewater Health — Norman Site	1	$800	0	$0	0	$0	$800
St. Joseph's Health Centre — Toronto	1	$800	0	$0	0	$0	$800
St. Joseph's Healthcare System — Hamilton	4	$3,200	1	$2,050	1	$3,150	$8,400
St. Joseph's Healthcare — Hamilton	4	$3,200	1	$2,050	1	$3,150	$8,400
The Credit Valley Hospital	5	$4,000	2	$4,100	1	$3,150	$11,250
The Public General Hospital Society of Chatham	1	$800	0	$0	0	$0	$800
Chatham-Kent Health Alliance	1	$800	0	$0	0	$0	$800
Timmins and District Hospital	2	$1,600	1	$2,050	1	$3,150	$6,800
Toronto East General Hospital	5	$4,000	1	$2,050	0	$0	$6,050
Windsor Regional Hospital	2	$1,600	0	$0	0	$0	$1,600
Windsor Regional Hospital — Metropolitan Campus	2	$1,600	0	$0	0	$0	$1,600
Woodstock General Hospital	1	$800	1	$2,050	0	$0	$2,850
Woodstock General Hospital	1	$800	1	$2,050	0	$0	$2,850
Grand Total	**600**	**$480,000**	**360**	**$738,000**	**277**	**$872,550**	**$2,090,550**

Appendix II – Tables and Figures for Organs: 2010/11, 2011/12 and 2012/13

Figure 4

Percentage of Registered Donors Among Health Card Holders Aged 16 Years+

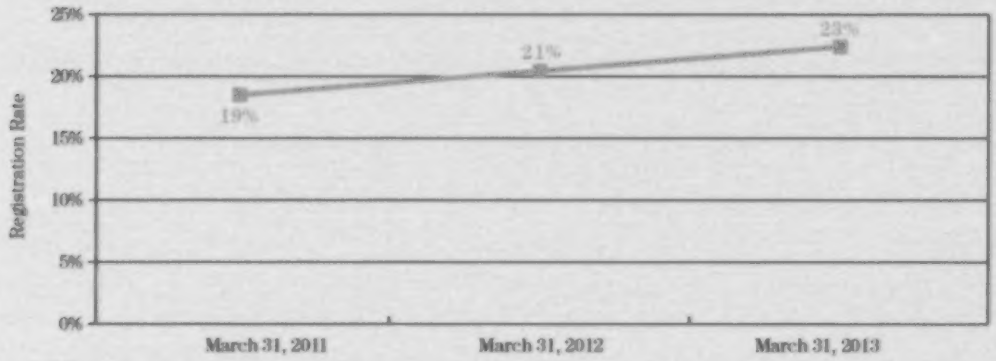
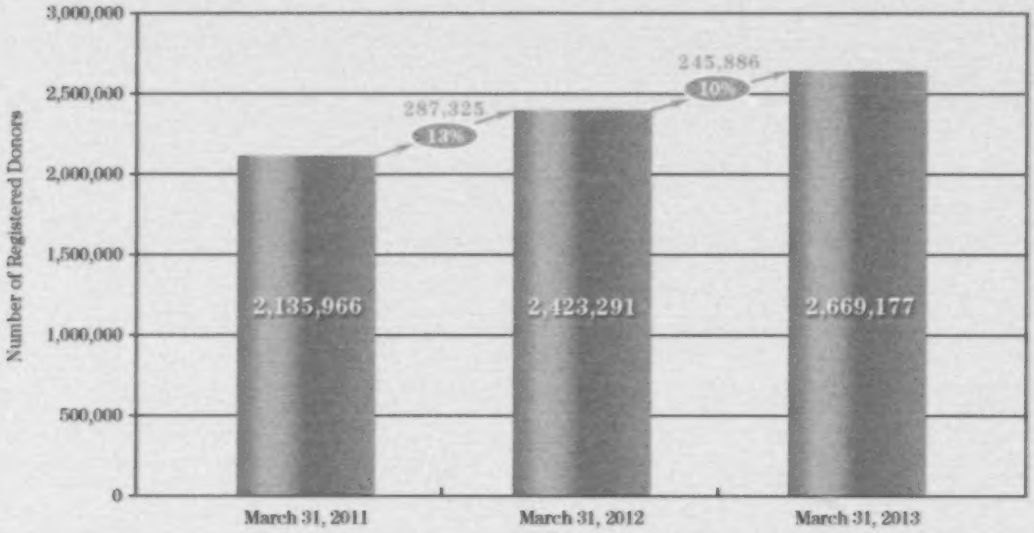


Figure 5

Growth in Registered Donors



Appendix III – Board of Directors as of March 31, 2013

Board of Directors	*Appointed*	*Reappointed*	*Term Expires*
Rabbi Dr. Reuven P. Bulka, Chair	December 1, 2004	June 1, 2013	May 31, 2016
Diane Craig	December 8, 2004	December 8, 2010	December 7, 2013
Christine Clark Lafleur	September 3, 2008	September 3, 2012	September 2, 2015
Dr. Kenneth Pritzker	March 3, 2010	March 3, 2013	March 2, 2014
Karen Belaire	January 4, 2011	N/A	January 4, 2014
Fazilah Hussain	May 4, 2011	N/A	May 4, 2014
Dr. Vivek Rao	November 14, 2012	N/A	November 13, 2013
Grant Hagerty	November 14, 2012	N/A	November 13, 2013
James Martin Ritchie	January 9, 2013	N/A	January 8, 2014

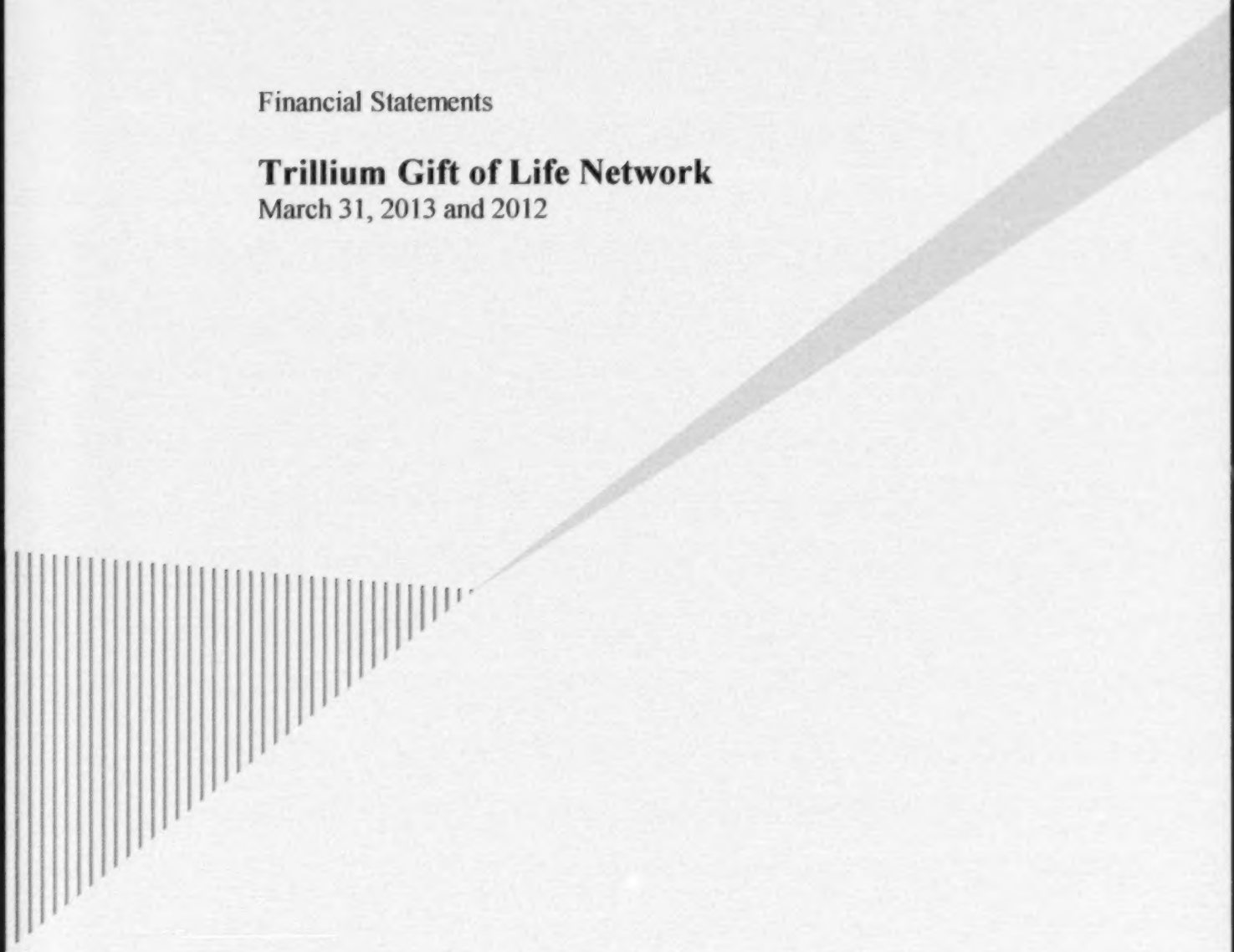
Appendix IV – Management Group as of March 31, 2013

Ronnie Gavsie	*President and Chief Executive Officer*
Dr. Sonny Dhanani	*Chief Medical Officer, Donation*
Dr. Jeff Zaltzman	*Chief Medical Officer, Transplant*
Janet MacLean	*Vice-President, Clinical Affairs*
Versha Prakash	*Vice-President, Operations*
Julie Trpkovski	*Vice-President, Transplant*
Clare Payne	*Director, Provincial Resource Centre*
Janice Beitel	*Director, Hospital Programs, Education and Professional Practice*
Karen Johnson	*Director, Hospital Programs and Family Services*
Sharon Ramagnano	*Director, Policy, Education and Professional Practice*
Tanya-Lisa Elston	*Director, Communications*
John Hanright	*Director, Quality Assurance and Performance Improvement*
Tony Nacev	*Director, Finance, Human Resources and Administration*
Keith Wong	*Co-Director, Information Systems*
Kulbir Bal	*Co-Director, Information Systems*
Mary Ellen Armstrong	*Manager, Communications*
Christine Humphreys	*Manager, Provincial Resource Centre — Tissue*
Victoria Leist	*Manager, Provincial Resource Centre — Organ*
Robert Sanderson	*Manager, Hospital Programs*
Shoshana Klein	*Manager, Human Resources*
Dan Tsujiuchi	*Manager, Finance*
Jonathan Chui	*Manager, Informatics*

Financial Statements

Trillium Gift of Life Network

March 31, 2013 and 2012



Ernst & Young

Quality In Everything We Do

INDEPENDENT AUDITORS' REPORT

To the Members of
Trillium Gift of Life Network

We have audited the accompanying financial statements of **Trillium Gift of Life Network**, which comprise the statements of financial position as at March 31, 2013 and 2012, and April 1, 2011, and the statements of operations, changes in fund balances and cash flows for the years ended March 31, 2013 and 2012, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' responsibility
Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audits is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements present fairly, in all material respects, the financial position of **Trillium Gift of Life Network** as at March 31, 2013 and 2012, and April 1, 2011, and the results of its operations and its cash flows for the years ended March 31, 2013 and 2012 in accordance with Canadian public sector accounting standards.

Ernst & Young LLP

Toronto, Canada,
June 10, 2013.

Chartered Accountants
Licensed Public Accountants

Trillium Gift of Life Network

STATEMENTS OF FINANCIAL POSITION

As at

	March 31, 2013 $	March 31, 2012 $	April 1, 2011 $
ASSETS			
Current			
Cash and cash equivalents	**7,043,274**	9,675,296	9,768,423
HST recoverable	**659,316**	986,212	306,159
Other receivables	**5,360**	10,264	79,035
Prepaid expenses	**192,705**	69,719	33,929
Total current assets	**7,900,655**	10,741,491	10,187,546
Capital assets, net *[note 3]*	**1,250,335**	624,803	556,747
Total assets	**9,150,990**	11,366,294	10,744,293
LIABILITIES AND NET ASSETS			
Current			
Accounts payable and accrued liabilities	**6,085,587**	10,418,785	3,723,341
Deferred contributions *[note 4]*	**1,285,950**	131,457	6,213,350
Total current liabilities	**7,371,537**	10,550,242	9,936,691
Deferred funding for capital assets *[note 5]*	**1,025,391**	277,864	375,878
Total liabilities	**8,396,928**	10,828,106	10,312,569
Contingencies and commitments *[notes 9 and 10]*			
Net assets			
Unrestricted	**408,506**	320,786	269,901
Board restricted *[note 6]*	**345,556**	217,402	161,823
Total net assets	**754,062**	538,188	431,724
	9,150,990	11,366,294	10,744,293

See accompanying notes

On behalf of the Board:

Director

Director

Trillium Gift of Life Network

STATEMENTS OF OPERATIONS

Years ended March 31

	2013 $	2012 $
REVENUE		
Ontario Ministry of Health and Long-Term Care *[note 4]*		
Operations	**21,547,367**	23,050,232
Deceased Organ Donation Managed Fund	**1,726,400**	1,726,400
PRELOD Managed Fund	**169,586**	167,625
TPER Managed Fund	**101,253**	147,228
Amortization of deferred funding for capital assets *[note 5]*	**264,913**	98,014
Interest income	**87,720**	50,885
Other	**—**	194
Donations *[note 6]*	**128,154**	72,910
	24,025,393	25,313,488
EXPENSES		
Salaries and employee benefits *[note 7]*	**13,708,019**	11,229,064
Communications	**3,185,214**	7,694,153
Medical supplies and testing	**1,590,461**	1,498,580
General and administrative	**1,109,501**	1,029,134
Information systems	**894,814**	748,598
Office rent and maintenance	**539,239**	572,833
Amortization of capital assets	**403,841**	223,873
Community projects *[note 6]*	**—**	17,331
Deceased Organ Donation Managed Fund	**2,107,591**	1,878,605
PRELOD Managed Fund	**169,586**	167,625
TPER Managed Fund	**101,253**	147,228
	23,809,519	25,207,024
Excess of revenue over expenses for the year	**215,874**	106,464

See accompanying notes

Trillium Gift of Life Network

STATEMENTS OF CHANGES IN FUND BALANCES

Years ended March 31

	2013		
	Unrestricted $	Board restricted $	Total $
Net assets, beginning of year	**320,786**	**217,402**	**538,188**
Excess of revenue over expenses for the year	**215,874**	—	**215,874**
Interfund transfers, net *[note 6]*	**(128,154)**	**128,154**	—
Net assets, end of year	**408,506**	**345,556**	**754,062**

	2012		
	Unrestricted $	Board restricted $	Total $
Net assets, beginning of year	269,901	161,823	431,724
Excess of revenue over expenses for the year	106,464	—	106,464
Interfund transfers, net *[note 6]*	(55,579)	55,579	—
Net assets, end of year	320,786	217,402	538,188

See accompanying notes

Trillium Gift of Life Network

STATEMENTS OF CASH FLOWS

Years ended March 31

	2013 $	2012 $
OPERATING ACTIVITIES		
Excess of revenue over expenses for the year	**215,874**	106,464
Add (deduct) items not involving cash		
Amortization of capital assets	**403,841**	223,873
Amortization of deferred funding for capital assets	**(264,913)**	(98,014)
	354,802	232,323
Changes in non-cash working capital balances related to operations		
HST recoverable	**326,896**	(680,053)
Other receivables	**4,904**	68,771
Prepaid expenses	**(122,986)**	(35,790)
Accounts payable and accrued liabilities	**(4,333,198)**	6,695,444
Deferred contributions	**2,166,933**	(6,081,893)
Cash provided by (used in) operating activities	**(1,602,649)**	198,802
CAPITAL ACTIVITIES		
Acquisition of capital assets	**(1,029,373)**	(291,929)
Cash used in investing activities	**(1,029,373)**	(291,929)
Net decrease in cash and cash equivalents during the year	**(2,632,022)**	(93,127)
Cash and cash equivalents, beginning of year	**9,675,296**	9,768,423
Cash and cash equivalents, end of year	**7,043,274**	9,675,296

See accompanying notes

NOTES TO FINANCIAL STATEMENTS

March 31, 2013 and 2012

1. PURPOSE OF THE ORGANIZATION

Trillium Gift of Life Network [the "Network"] is a non-share capital corporation created in 2001, under the Trillium Gift of Life Network Act [formerly The Human Tissue Gift Act]. The Network has been established to enable every Ontario resident to make an informed decision to donate organs and tissue, to support healthcare professionals in implementing their wishes, and to maximize organ and tissue donation in Ontario through education, research, service and support.

The Network became operational on April 1, 2002 to assume the functions of the former Organ Donation Ontario, as well as to adopt additional responsibilities associated with the Network's mandate.

As a not-for-profit organization registered as a charity under the Income Tax Act (Canada) [the "Act"], the Network is exempt from income taxes.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements are prepared in accordance with the Public Sector Handbook, which sets out generally accepted accounting principles for government not-for-profit organizations in Canada. The Network has chosen to use the standards for not-for-profit organizations that include Sections PS 4200 to PS 4270. The significant accounting policies followed in the preparation of these financial statements are summarized below:

Revenue recognition

The Network follows the deferral method of accounting for contributions, which include grants and donations. Grants are recognized in the accounts when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Donations are recorded when received since pledges are not legally enforceable claims. Unrestricted contributions are recognized as revenue when initially recorded in the accounts. Externally restricted contributions are deferred when initially recorded in the accounts and recognized as revenue in the year in which the related expenses are recognized.

Cash and cash equivalents

Cash and cash equivalents consist of cash on deposit and short-term investments with terms to maturity of not more than 90 days at the date of purchase.

NOTES TO FINANCIAL STATEMENTS

March 31, 2013 and 2012

Financial instruments

Financial instruments, including HST recoverable, other receivables and accounts payable, are initially recorded at their fair value and are subsequently measured at cost, net of any provisions for impairment.

Capital assets

Capital assets are recorded at cost. Contributed capital assets are recorded at market value at the date of contribution. Amortization is provided on a straight-line basis at annual rates based on the estimated useful lives of the assets as follows:

Furniture and equipment	3 - 5 years
Leasehold improvements	over term of lease
Computer software	3 – 5 years
Computer hardware	3 years

Deferred funding for capital assets

Capital contribution funding and leasehold inducements received for the purposes of acquiring depreciable capital assets are deferred and amortized on the same basis, and over the same periods, as the amortization of the related capital assets.

Employee benefit plan

Contributions to a multi-employer defined benefit pension plan are expensed on an accrual basis.

Contributed materials and services

Contributed materials and services are not reflected in these financial statements.

Use of estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities as at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Allocation of expenses

Direct expenses, including costs of personnel and other expenses that are directly related to projects, are recorded as project expenses. General support and other costs are not allocated.

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NOTES TO FINANCIAL STATEMENTS

March 31, 2013 and 2012

3. CAPITAL ASSETS

Capital assets consist of the following:

	March 31, 2013		
	Cost $	Accumulated amortization $	Net book value $
Furniture and equipment	640,431	486,831	153,600
Leasehold improvements	887,560	521,443	366,117
Computer software	1,401,125	1,077,012	324,113
Computer hardware	1,019,935	613,430	406,505
	3,949,051	2,698,716	1,250,335

	March 31, 2012		
	Cost $	Accumulated amortization $	Net book value $
Furniture and equipment	555,461	412,911	142,550
Leasehold improvements	687,937	398,665	289,272
Computer software	1,023,319	1,006,243	17,076
Computer hardware	652,961	477,056	175,905
	2,919,678	2,294,875	624,803

	April 1, 2011		
	Cost $	Accumulated amortization $	Net book value $
Furniture and equipment	475,628	365,042	110,586
Leasehold improvements	687,937	325,792	362,145
Computer software	1,006,589	976,493	30,096
Computer hardware	457,595	403,675	53,920
	2,627,749	2,071,002	556,747

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NOTES TO FINANCIAL STATEMENTS

March 31, 2013 and 2012

4. DEFERRED CONTRIBUTIONS

The continuity of deferred contributions is as follows:

	March 31, 2013 $	March 31, 2012 $	April 1, 2011 $
Balance, beginning of year	**131,457**	6,213,350	4,726,472
Contributions received	**25,715,800**	25,223,131	20,458,598
Amount recognized as revenue	**(23,544,606)**	(25,091,679)	(16,883,729)
Amount transferred to deferred capital contributions	**(1,012,440)**	—	(43,191)
Amount transferred to accrued liabilities	**(4,261)**	—	—
Amount repayable to the Ontario Ministry of Health and Long-Term Care	—	(6,213,345)	(2,044,800)
Balance, end of year	**1,285,950**	131,457	6,213,350

5. DEFERRED FUNDING FOR CAPITAL ASSETS

Deferred funding for capital assets represents the unamortized amount of grants and leasehold inducements received for the purchase of capital assets. The annual amortization of deferred funding for capital assets is recorded as revenue in the statement of operations and is equivalent to the amortization of the applicable capital assets. The changes in the deferred funding for capital assets balance are as follows:

	March 31, 2013 $	March 31, 2012 $	April 1, 2011 $
Balance, beginning of year	**277,864**	375,878	585,313
Add contributions transferred from deferred contributions	**1,012,440**	—	43,191
Less amortization of deferred funding for capital assets	**(264,913)**	(98,014)	(252,626)
Balance, end of year	**1,025,391**	277,864	375,878

6. BOARD RESTRICTED NET ASSETS

Board restricted net assets are used to further public education and research in the field of organ and tissue donation, including community based projects.

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During the year, the Board of Directors has approved the transfer of $128,154 [2012 - $72,910] of donations received during the year from unrestricted net assets to Board restricted net assets. In addition, the Board of Directors has approved the funding of community projects during the year from the Board restricted net assets of nil [2012 - $17,331] for a net transfer from unrestricted net assets to Board restricted net assets of $128,154 [2012 - $55,579].

7. EMPLOYEE BENEFIT PLAN

Substantially all of the employees of the Network are eligible to be members of the Healthcare of Ontario Pension Plan ["HOOPP"], which is a multi-employer, defined benefit, highest consecutive earnings, contributory pension plan. The plan is accounted for as a defined contribution plan since the Network has insufficient information to apply defined benefit plan accounting.

The Network's contributions to HOOPP during the year amounted to $810,726 [2012 - $704,027] and are included in the statement of operations. The most recent valuation for financial reporting purposes completed by HOOPP as of December 31, 2012 disclosed net assets available for benefits of $47,414 million [2012 - $40,321 million] with pension obligations of $39,919 million [2012 - $36,782 million], resulting in a surplus of $7,495 million [2012 - $3,539 million].

8. FINANCIAL INSTRUMENTS

The Network's financial instruments consist of cash and cash equivalents, HST recoverable, other receivables, and accounts payable. Management is of the opinion that the Network is not exposed to significant financial risks arising from these financial instruments.

Liquidity risk

The Network is exposed to the risk that it will encounter difficulty in meeting obligations associated with its financial liabilities. The Network derives a significant portion of its operating revenue from the Ontario government and other funders with no firm commitment of funding in future years. To manage liquidity risk, the Network keeps sufficient resources readily available to meet its obligations. Accounts payable mature within six months.

9. CONTINGENCIES

As at March 31, 2013, there is a claim outstanding. The outcome of this claim cannot be determined at this time. Any potential losses related to this claim will be recorded in the year during which the liability is able to be estimated.

NOTES TO FINANCIAL STATEMENTS

March 31, 2013 and 2012

10. LEASE COMMITMENTS

Future minimum annual payments over the next five years and thereafter under operating leases for equipment and premises, excluding operating costs, are as follows:

	$
2014	343,214
2015	324,802
2016	312,728
2017	62,637
2018 and thereafter	—

11. FIRST-TIME ADOPTION OF ACCOUNTING STANDARDS FOR GOVERNMENT NOT-FOR-PROFIT ORGANIZATIONS

These financial statements are the first financial statements which the Network has prepared in accordance with the Public Sector Handbook, which constitutes generally accepted accounting principles for government not-for-profit organizations in Canada. The Network has chosen to use the standards for not-for-profit organizations that include Sections PS 4200 to PS 4270. First-time adoption of this new basis of accounting had no impact on excess of revenue over expenses for the year ended March 31, 2012, or net assets as at April 1, 2011, the date of transition.

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